

# Editorial: How Do We Become a More “Utilized” Resource in Primary Care?



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There have been many recent discussions in the media and in this publication about barriers to healthcare parity, either between provinces or in underserved remote communities, where naturopathic doctors (NDs) could be part of the solution to the lack of access to basic primary care. One idea that is being increasingly discussed is the reduction of regulatory barriers that medical and allied health providers face to being able to practice in more than one province or territory. The federal government, in fact, demanded earlier this year that, along with increased healthcare transfer funding, the provincial Ministries of Health begin to look at ways to facilitate licensing for healthcare providers (HCPs) across provincial and territorial boundaries.<sup>1</sup> At the same time, the regulated medical professions are increasingly calling for national licensing, similar to the system that has been in place in Australia for several years.

For NDs, with our highly uneven regulatory framework, this is an especially urgent concern. Increasingly, NDs across Canada are serving as an initial contact in primary care for Canadians without access to a family physician. However, without the ability to provide care to the full extent of our training, we face the moral hazard of not always being able to provide the care that is needed by our patients. For those NDs, like myself, who practice near a provincial or territorial border, these ethical issues can be particularly acute, as we can frequently end up in situations where we ask patients to do virtual visits from outside their homes to avoid falling afoul of in-province/out-of-province care delivery regulations.

On the positive side, many private benefit providers have added or expanded naturopathic medicine to their benefit pools in the past few years, improving access to our services for many people who would not have been able to afford them otherwise. But the primary barrier that NDs still face in all our member jurisdictions is regulatory. As we keep fighting the same scope battles on a province-by-province basis, too much of our energy is given over to what seem like endless regulatory hurdles, rather than focusing on providing valuable, trusted, and evidence-informed naturopathic care. Without scope parity between the regulated provinces,

we are far away from even being able to develop a framework for national licensure and so, to a large extent, are left standing at the starting line of a national discussion on healthcare transferability where we could be contributing effectively.

Still, there is hope on the horizon with the addition of naturopathic medicine to Canadian Veteran's benefits, as well as ongoing discussions with the Federal Indigenous Services about adding ND care to the Indigenous non-insured health benefits (NIHB) system. As these are both national programs, the hope is that our participation will strengthen our efforts to achieve regulation in the jurisdictions where this is still pending, including much of Atlantic Canada, Québec, Yukon, and Nunavut.

This edition leads off with our regular letter from our CAND Chair Mark Fontes, who will be ending his 9-year participation on the board (including 3 as Chair) at the AGM in June. As he writes, during this period our national association has achieved some significant milestones, including a National Awareness campaign and, as mentioned, the addition of naturopathic coverage under federal Veteran's benefits. Another major undertaking of the CAND was the transformation of this publication from *Vital Link* to *CANDJ*, the first peer-reviewed and indexed naturopathic journal in North America and one of a very small number globally. This transition has opened up *CANDJ* to the publication of naturopathic-led research, and although in many ways we are still a work in progress, we are hearing positive feedback from both inside and outside our membership, including several people with prominent leadership roles in Canadian academia and conventional medicine.

Our editor selection/original research article for this edition is a pilot project from CCMN-Toronto on naturopathic medical student wellness by Solomonian et al. In their article, they report on a facilitated wellness/workshop program for a small group of ND1–ND4 students that coincided with the beginning of the COVID-19 pandemic in early 2020, with a 6-month post-program follow-up. Using validated measures of stress and resilience, they found beneficial effects at completion and at 6 months, compared with controls. With the current attention on healthcare

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resilience and burnout in the post-COVID pandemic period, we believe this project is easily replicable on a larger scale and look forward to seeing more projects supporting student resilience in the future.

In addition, we have a lively and thought-provoking Perspectives piece on a homemade human milk substitute based on an emergency formula recipe suggested by the World Health Organization. In light of recent widespread shortages of commercial formula in Canada and the United States affecting many parents of young infants, the authors argue that the commodification of critical foods such as infant formulas can lead to food insecurity, with important public health implications.

Our case report for this edition is a study of a nature cure intervention including diet and yoga prescriptions from the team at Yoga & Naturopathy Medical College & Hospital in Tamil Nadu, India. We are sure that readers with a special interest in nature cure will find the authors’ conclusions intriguing and worth a closer look.

As we go to press, I’m pleased to report that our Associate Editor, Cyndi Gilbert, has been approved as part of a CAND/CANDJ delegation to the Ontario Chiefs’ Assembly in Thunder Bay in June, along with Sarah Connors, one of the scholars from our CANDJ Indigenous reconciliation and publication standards project from last year. We hope our two ambassadors will be able to share some of the progress we’ve made with this publication to

align our commitment to reconciliation with our policies impacting Indigenous Peoples, communities, Traditional Knowledge, practices, and medicines.

As much of our traditional and complementary medicine (T&CM) knowledge has its origins in Indigenous communities around the world, we continue to work on upholding our commitments and recognize the importance of transdisciplinary collaboration for the preservation of our planet and the health of its inhabitants.

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#### CONFLICTS OF INTEREST DISCLOSURE

I have read and understood the *CAND Journal*’s policy on conflicts of interest and declare that I have none.

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#### REFERENCES

1. Mercer G. Calls are growing for a national medical licence. But some experts say it could create a more transient work force. *The Globe and Mail*, Feb 10, 2023. Accessed May 20, 2023. <https://www.theglobeandmail.com/canada/article-health-care-doctor-licences-canada/>